

# Asset Management Change Request for Michigan Geographic Framework

All boxes must be completed

Map Reference Number: \_\_\_\_\_

Date Observed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo/day/yr

Contact Information

Contact Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is the Observer the same person as the Contact person? If no:

Observers Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Location Information

County: \_\_\_\_\_

Township/City/Village: \_\_\_\_\_

Street Name: \_\_\_\_\_

Cross Street 1: \_\_\_\_\_

PR 1: \_\_\_\_\_

Cross Street 2: \_\_\_\_\_

PR 2: \_\_\_\_\_

Who has jurisdiction of this road? \_\_\_\_\_

What kind of Change? (Please Check One)

☐

Intersection Reconfiguration

☐

Road Addition

☐

Road Removal

☐

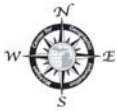
Road interruption: IF YES, what is the cause?

☐

Other, please explain (use back for more space):

What year did this change occur? \_\_\_\_\_

Framework



Observed

